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990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2014

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A I	For the	2014 calend	ar year, or tax year beginning Jan	uary 1st , 201	4, and ending	Decenber	31st , 20 14		
В	Check if ap	oplicable.	C Name of organization		DI	Employer id	lentification number		
	Address c	hange	42-1625469						
님	Name cha	•	Number and street (or P O box, if mail is not deliver	ed to street address)	Room/suite E	E Telephone number			
H	Initial retur	m n/terminated	P.O. Box 712			20	06-651-5715		
H	Amended	·	City or town, state or province, country, and ZIP or f	oreign postal code	F	Group Exe	emption		
=	Applicatio		Vashon, WA 98070			Number	•		
G	Account	ing Method:	✓ Cash		H Che	ck ▶ 🗹	if the organization is not		
1 1	Nebsite	:► www.	vashonwildernessprogram.org				tach Schedule B		
J T	ax-exen	npt status (che	ck only one) - 🗸 501(c)(3) 🔲 501(c) ()	¶ (insert no.) ☐ 4947(a)(1)	or	m 990, 99	0-EZ, or 990-PF).		
K	Form of	organization:	☑ Corporation ☐ Trust ☐	Association Other	_				
			7b to line 9 to determine gross receipts. If gros						
(Pa	rt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead	of Form 990-EZ		. ▶ ş	3		
Р	art I	Revenu	e, Expenses, and Changes in Net A	ssets or Fund Balar	nces (see the ins	tructions	s for Part I)		
		Check If	the organization used Schedule O to re	spond to any questio	n in this Part I .				
	1	Contributio	ns, gifts, grants, and similar amounts rece	eived		. 1	\$21,238		
	2	Program se	ervice revenue including government fees	and contracts		. 2	\$123,396		
	3	Membersh	p dues and assessments			. 3			
	4	Investment	income			. 4			
	5a	Gross amo	unt from sale of assets other than invento	ry 5	a				
	b	Less: cost	or other basis and sales expenses	5	b				
	С	Gain or (los	s) from sale of assets other than inventor	y (Subtract line 5b fron	n line 5a)	. 5c	<u> </u>		
	6	Gaming an	d fundraising events						
	а	Gross inc	ome from gaming (attach Schedule G	if greater than		ł			
Ē	1	\$15,000) .		6	a				
Revenue	b		me from fundraising events (not including		of contributions				
æ			aising events reported on line 1) (attach						
		sum of suc	h gross income and contributions exceed	s \$15,000) 6	\$4,	411			
	С		t expenses from gaming and fundraising e						
	d		e or (loss) from gaming and fundraising	events (add lines 6a a	ind 6b and subtra	ct			
		line 6c) .				• 6d	\$3,584		
	7a		s of inventory, less returns and allowances			\$20			
	b		of goods sold	<u> </u>		1.5			
	C	-	t or (loss) from sales of inventory (Subtrac	-		. 7c	\$19		
	8		nue (describe in Schedule O)			. 8	\$50		
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	\$148,287		
	10		similar amounts paid (list in Schedule O)	···	CEIVED	10	\$12,975		
	11	•	id to or for members		- VEU.	111			
ës	12	Salaries, of	her compensation, and employee benefit	3		12	\$117,224		
enses	13	Profession	al fees and other payments to independer	it contractors . MAY	26 2015 18	13	\$3,530		
Ä	14		, rent, utilities, and maintenance		J.	14	\$2,702		
ш			ublications, postage, and shipping	Och	FA		\$1,248		
	16		nses (describe in Schedule O)		EN, UT	. 16	\$13,111		
	17		nses. Add lines 10 through 16			17	\$150,790		
ţ	18		deficit) for the year (Subtract line 17 from	•		. 18	-\$2,503		
SSe	19		or fund balances at beginning of year (for the property of the						
ğ		-	r figure reported on prior year's return)			<u> </u>	\$64,074		
Net Assets	20		ges in net assets or fund balances (explai	•			-\$6,875		
	21		or fund balances at end of year. Combine		<u> </u>	21	\$54,696		
Fo	r Papen	work Reduct	on Act Notice, see the separate instructions	. C	at. No 10642I		Form 990-EZ (2014)		

Pa	rt II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
				(A) Beginning of year	ļ.,	(B) End of year
22	Cash, savings, and investments			\$ 59,371		\$57,273
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			\$6,875	24	\$207
25	Total assets			\$66,246		\$57,480
26	Total liabilities (describe in Schedule O)			\$2,171		\$2,784
27	Net assets or fund balances (line 27 of column III Statement of Program Service Accom			\$64,074	2/	\$54,696
rai	Statement of Program Service Accompand Check if the organization used Schedule	• •		•		Expenses
\A/ba		Ignite relationships I			(Re	quired for section
						(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise m	anner, describe the			. ~	anızations, optional for ers.)
	ons benefited, and other relevant information for ea	<u> </u>			<u> </u>	
28	Our Coyote Mentoring approach to nature education					
	wisdom, offering skills development, ecological know	vledge, and awarene	ss practices for 120	youth in 7		
	programs ages 4 to 17 years old during 2014. (Grants \$ \$19,850) If this amount	includes femiles and			00-	
00					28	\$150,790
29						
					1	
	(Grants \$) If this amount	ıncludes foreign gra	ents check here	▶ □	298	
30			•		236	
00						
	(Grants \$) If this amount	includes foreign gra	ints, check here	• П	302	<u>.</u>
31	Other program services (describe in Schedule O)				1	-
		includes foreign gra			318	a
32	Total program service expenses (add lines 28a t				32	\$150,790
_	List of Officers, Directors, Trustees, and Key				nstru	
	Check if the organization used Schedule			•		🗀
	(a) Name and trtle	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		Ι.) Estimated amount of other compensation
Jane	Valencia, President					
	Box 2221, Vashon, WA 98070	2	\$9,18	9	0	0
	Stevenson, Treasurer				$\neg \vdash$	
1620	4 Crescent Drive, Vashon WA 98070]2	(0	0	0
J-F N	Mannina, Board Member					
2061	6 87th Ave SW, Vashon WA 98070]1		0	0	0
Jen '	Williams, Board Member					
1312	9 SW 248th Street, Vashon WA 98070	1		0	0	
Rene	e Marceau, Board Member]				
1042	1 SW Bank Rd #5, Vashon WA 989070	1		0	0	0
Caro	ilne Peani, Board Member					
2273	8 Carey Rd SW, Vashon WA 98070	1	. (0	0	0
Stac	ey Hinden, Executive Director	1			-	
P.O.	Box 712, Vashon, WA 98070	37	\$43,99	5	0	0
]				
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		1				
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		i				

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	24		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	d		<u>_</u> _
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	ł	}	
b 40a	Gross receipts, included on line 9, for public use of club facilities	1		
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	406		,
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		✓
С	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ WA			
42a	The organization's books are in care of ▶ Nathan Enzlan Telephone no. ▶ 2	206-65	1-5715	5
	Located at ► P.O. Box 712, Vashon, WA 98070 ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	
44-	Did the averagination maintain and described finds divise the year of #War # Farm 000 and be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 99	90-EZ (?	014)								Page 4
46	Did to	he organization engage, directly or indidates for public office? If "Yes," or	directly, in political c	ampaign activities	on be	half of or i	n oppositi	on [Yes	No
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	only s must answer que	stions 47–49b ar	nd 52,	, and com	plete the	table	s for lin	⊥ ∀ nes . □
47	Did t	the organization engage in lobbying activities or have a section 501(h) election in effect during the tax r? If "Yes," complete Schedule C, Part II								No /
48 49a b 50	Did the State of t	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?								
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mis	بمطأ	(d) Health be intributions to nefit plans, ar compens	employee ad deferred		nated amo	
None										
f 51	Com \$100	number of other employees paid ove plete this table for the organization's ,000 of compensation from the organ Name and business address of each independen	s five highest compenization. If there is no	ensated independe		ntractors v		receiv Comper		e than
None										
					- -					
d 52	Did :	number of other independent contract the organization complete Schedul pleted Schedule A	•	•	~	ations mu			ſes □	No
		of perjury, I declar that have examined this read complete Declaration of preparer (other than						owledge	and belief	f, it is
Sign Here		Signature of officer Jeff Stevenson, Treasurer Type or print name and title				Date	114/	15		
Paid Prep Use		Print/Type preparer's name Firm's name ▶	Preparer's signature		Date		Check ☐ self-employ		N	
May th	ne IRS	Firm's address ▶ discuss this return with the preparer	shown above? See i	nstructions		Phone		<u> </u>	/es □	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-F7

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public

Inspection Name of the organization Employer identification number Vashon Wilderness Program 42-1625469 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, Type III, Type III, Type III and III are the organization received a written determination from the IRS that it is a Type II, Type III. functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 sted in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Part	Support Schedule for Organiza (Complete only if you checked the							
	Part III. If the organization fails to	qualify unde	er the tests li	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support	-						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3			<u> </u>				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.	· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u> </u>		
	on B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	19 <u> </u>						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12		
13	First five years. If the Form 990 is for the organization, check this box and stop her	-						
	<u>. </u>			· · · · ·		<u> </u>	· · · · • <u>- </u>	
	on C. Computation of Public Suppor	 _					 	
14	Public support percentage for 2014 (line 6					14	%	
15	Public support percentage from 2013 Sch					15	%	
16a	331/3% support test—2014. If the organization							
	box and stop here. The organization qual	-		-				
b	331/a% support test—2013. If the organicheck this box and stop here. The organi					9 15 IS 331/2		
17a								
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	tion meets the eets the "fact:	facts-and-c s-and-circums	ircumstances" tances" test. T	test, check the	nis box and on qualifies	17a, and line i stop here. as a publicly	
10	Private foundation. If the organization di							
18	instructions							

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

<u> </u>	in the organization rails to quality	under me te	sts listed beit	w, please co	implete Fart i	1.)	
	on A. Public Support	(10010	(1) 0011	4) 0040	(20010	110011	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	10,767	43,613	11,679	21,332	29,233	116,624
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose	52,811	64,824	83,143	111,617	123,466	435,861
3	Gross receipts from activities that are not an					ŀ	
	unrelated trade or business under section 513						.
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the					`	
	organization without charge						
6	Total. Add lines 1 through 5	63,578	108,437	94,822	132,949	152,699	705,184
7a	Amounts included on lines 1, 2, and 3				i		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3				i		
	received from other than disqualified				į		
	persons that exceed the greater of \$5,000				ŀ		
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			<u> </u>			
8	Public support (Subtract line 7c from					•	
	line 6.)						
	on B. Total Support			() 00/0	4.0.040		
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	63,578	108,437	94,822	132,949	152,699	705,184
10a	Gross income from interest, dividends,					į	
	payments received on securities loans, rents, royalties and income from similar sources .		!			ļ	
	· 1						
O	Unrelated business taxable income (less section 511 taxes) from businesses				İ		
	acquired after June 30, 1975				ļ		
_	Add lines 10a and 10b						
11	Net income from unrelated business						
11	activities not included in line 10b, whether						
	or not the business is regularly carned on						
12	Other income. Do not include gain or		-		<u></u>		· - ·
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	63,578	108,437	94,822	132,949	152,699	705,184
14	First five years. If the Form 990 is for th						
	organization, check this box and stop her	-			•		`▶ □
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2014 (line 8			3, column (f))		15	%
16	Public support percentage from 2013 Sch	edule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc	come Percei	ntage				
17	Investment income percentage for 2014 (I	ine 10c, colum	nn (f) divided b	y line 13, colun	nn (f))	17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests-2014. If the organi						
	17 is not more than 331/3%, check this box		-			-	_
b	331/3% support tests - 2013. If the organiz						
	line 18 is not more than 331/3%, check this t						_
20	Private foundation. If the organization die	d not check a	box on line 14.	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗀

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations	ait v	·/	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	.00		

determine whether the organization had excess business holdings.)

10b

Schedule A	/Eam	990 05	990-E7	2014
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1	•	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	 	
b	A family member of a person described in (a) above?	11b	ļ	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,.
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.63	1,40
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		<u> </u>	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			instructions, All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		-	
collection of gross income or for management, conservation, or			1
maintenance of property held for production of income (see instructions)	6		1
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	_		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		·
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	i	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-in	tegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)				
Sect	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets	occos or oupported orga					
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.	 					
 7	Total annual distributions. Add lines 1 through 6.	·					
							
8	Distributions to attentive supported organizations to which	n the organization is res	sponsive				
	(provide details in Part VI). See instructions.						
9_	Distributable amount for 2014 from Section C, line 6						
10_	Line 8 amount divided by Line 9 amount	, ····					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014:						
а							
b							
c	1						
d							
е							
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
 h	Applied to 2014 distributable amount						
-	Carryover from 2009 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2014 from Section D, line 7: \$						
a_	Applied to underdistributions of prior years						
b	Applied to 2014 distributable amount		· · · · · · · · · · · · · · · · · · ·				
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2015. Add lines 3j and 4c.						
8	Breakdown of line 7:						
a	1			· · · · · · · · · · · · · · · · · · ·			
<u>_</u>	· · · · · · · · · · · · · · · · · · ·						
_	<u> </u>						
_ d	Excess from 2013						
<u>u</u>	Excess from 2014		h				
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Schedule A (F	erm 990 or 990-EZ) 2014 Page	8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)	
	·	
	·	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Name of the organization			Employer identification number
Vashon Wilderness Program			42-1625469
Part I, Line16: Miscellaneous e	penses for the Vashon Wilde	erness Program	
Training & education	1,092		
Insurance	3,260		
B&O tax	1,804		
Cell Phones	395		
Program supplies	3,253		•••••
Website	119		
Office supplies	382		
Bank Service Charges			
Meeting supplies	13		
Computer / Online Expenses	396		
Transportation	1,951		
Licenses & fees	100		
Board Expenses	94		
Other Org. Expenses	17		
Other Expenses	252		
Part I, Line 8: Other Revenue: A			
Part I, Line 10: Tuition-based S			
Part I, Line 20: Scholarship fun	ds donated and held in retain	ned earnings and disbursed in 2014 = \$6,87	5
Part II, Line 24, col B: Pre-pald	cell phone fees = \$207		
Part II, Line 26: Payroli liabilitie	s (FICA, Federal, State L & I)		